

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>6/24/04</u>	2 Serial/Patent # <u>10/522268</u>		
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>	
8 TO BE REFUNDED BY:			
10 REASON:	<input type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: <u>9</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Overpayment	<input type="checkbox"/>		
Duplicate Payment	<input type="checkbox"/>		
No Fee Due (Explanation): <i>Credit Card Refund</i>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____	
SIGNATURE: <u>BdC</u>		Refund Ref. No.: <u>86/24/2004</u> PHONE: <u>0000000000</u>	
OFFICE: <u>PTO/DO/FO</u> ***** <small>Refund Date</small> *****			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: _____		Am Exp.: XXXXXXXXXX2021 DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B